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\*\* CONTINUING DATA \*\*\*\*\*

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 5	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Remote medical device access

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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